



Waukesha County
Criminal Justice Collaborating Council
Evidence-Based Decision Making Mental Health Workgroup
Monday, January 18, 2016

Team Members Present:

HHS Director Antwayne Robertson (Co-Chair)	Outpatient Services Admin Gordon Owley
Menomonee Falls Police Chief Anna Ruzinski (Co-Chair)	Assistant Corporation Counsel Robert Mueller
Inspector James Gumm	NAMI Executive Director Mary Madden
Captain Dan Baumann	Attorney Maura McMahon (via phone)
DOC Regional Chief Sally Tess	Andrew Hayes of Community Memorial Hospital

Team Members Absent:

Sheriff Eric Severson	Hon. Kathryn Foster
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Others Present:

CJCC Coordinator Rebecca Luczaj	Administrative Specialist Alison Ries
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Overview of Evidence-Based Decision Making (EBDM) Initiative – Rebecca Luczaj

Luczaj distributed a handout titled *National Institute of Corrections/ Evidence-Based Decision Making* and provided the committee with an overview of EBDM. She explained Waukesha County was selected as one of the counties to move forward with the State of Wisconsin in the EBDM Phase V Planning Initiative in March 2015. The task of the county was to identify a policy team. The Policy Team includes Mimi Carter, a consultant from the National Institute of Corrections. Luczaj stated Carter is also a facilitator for the State team and the Rock County team. The Policy Team has been conducting system mapping since June 2015, which entails taking a look at the entire criminal justice system and identifying opportunities for change (areas for improvement, becoming more cost effective, more efficient practices, etc.). The team came up with forty-two opportunities for change. These opportunities were categorized and divided among four workgroups: a pretrial workgroup, a case processing workgroup, a victim issues workgroup and a mental health workgroup. The first goal of each workgroup is to develop a goal statement to present to the Policy Team.

Luczaj stated technical assistance was scheduled to end in March 2016; however, NIC has extended it thru mid-June. Phase VI is the implementation phase. Wisconsin will be submitting an application for Phase VI and if chosen, will be given NIC technical assistance for another year in order to implement the changes agreed upon by the Policy Team.

Overview of EBDM Change Target Selection Process – Antwayne Robertson/ Anna Ruzinski

Ruzinski stated the goal with mental health (MH) is to make the right decisions for the client and ensure we are not overburdening the system for something that could be handled more efficiently. She stated the task for the Mental Health Workgroup is to review and analyze current policies and procedures and then determine where we can improve. The next step is to develop action plans and/or change policies and procedures to reflect those findings. Robertson stated gathering of data can be difficult due to the many systems that have data and the gaps between those systems.

Review, Discuss, & Prioritize EBDM Policy Team's Mental Health Opportunities for Change – All

The following decision point opportunities were discussed by the workgroup:

Decision Point #1: Arrest

3. More/all officers need crisis intervention training

Robertson stated that CIT training is critical. The committee agreed to continue to promote CIT training for all municipalities. Madden reported that CIT training is a week-long 40-hour training for law enforcement officers. We began offering it in the county in 2010 and more than 200 officers have been trained. Robertson questioned how we could get more municipalities to send officers to the training and why more municipalities were not sending them. Ruzinski stated the duration of the training (40-hours) is what the issue is that is being reported to her. She stated that by sending an officer to the training, municipalities are not only losing an officer physically on the job, they are also seeing it as a cost issue. Ruzinski stated she will bring it up again at the next Chiefs' meeting. Madden stated that currently there is a 4-hour weekly advanced training for continuing education for officers at WCTC, which is a condensed overview of mental illness and de-escalation. One-day advanced training is available and is usually done on a specific topic. Madden stated they are working on a calendar of training types and times available. Robertson questioned if CIT training for all officers should be a goal of the workgroup. It was agreed that the group would need to figure out how many officers have had the training and then set a goal for the remainder. There is also a need to explore other funding sources for CIT training, including grants.

#4 Target hospital/emergency room staff for CIT training (related to emergency detentions)

Ruzinski stated that Crisis Intervention Partners (CIP) training is available for hospital staff and/or security. The training would help hospital staff learn how to de-escalate a situation before calling law enforcement. Ruzinski stated that at times, people with mental illness experience additional trauma when law enforcement are present. Madden reported that CIP training is also attended by jail correctional staff.

#7 Need to consider benefits of a mobile crisis team in the county

The workgroup discussed benefits of a mobile crisis team and agreed it relieves cost for clients, law enforcement, and the county. Mueller informed the group that a new law occurring in July, states that before an emergency detention can take place, a crisis assessment will be required by a qualified person if Chapter 51 is in question. Gumm questioned if the county is ready and how they will handle the assessment. Owley reported that a grant was received to help in the planning for the mobile crisis team. He stated that mobile crisis services are currently available through the county Monday-Friday from 8:00 a.m. to 9:00 p.m. and noon to 8:00 p.m. weekends and holidays. Regarding the new law, Owley stated that staffing and current services are an issue at this point but is still in the planning process. Individuals can be assessed in person or by phone. In person assessment may entail coming to the scene. Collaboration needs to be between the crisis worker and law enforcement. Questions arose regarding the availability of the unit and what happens while waiting if the unit is on another call. Ruzinski suggested contacting Dane county and examining the way their mobile crisis unit operates. Robertson stated that until a mobile crisis unit is in place, an interim plan needs to be developed and communicated to those involved about how the county will handle the new law. This is where CIT training is a valuable tool in order to effectively communicate information from law enforcement to hospital staff and to handle and de-escalate a possible detention. Robertson stated the workgroup needs to continue to explore how to go about creating a mobile crisis team in the county and effectively communicate the information externally.

Develop Workgroup Goal Statement – All

The workgroup developed the following as its goal statement: Assist people with mental illness in leading more productive and autonomous lifestyles, and to promote mental health through service, advocacy, support, and education in a meaningful, practical and fiscally responsible way.

Discuss Next Steps & Set Date for Next Meeting – All

The workgroup agreed to meet every two weeks on Thursdays from 1:30 p.m. to 3:00 p.m. The next meeting will be February 4, 2016.

The meeting adjourned at 9:56 a.m.